MEDICAL RELEASE FORM
For Go Kids Kamp

DEMOGRAPHICS

Camper's Name:	☐Male ☐Female	Date of Birth: / /
Parent/ Guardian Name:	Primary Phone:	
Emergency Contact:	Emergency Contact Phone:	
Health Insurance Company	Policy#:	Group#:

HEALTH HISTORY (completed by parent/guardian)

YES	NO		YES	NO	
□	□	Allergies to medicine:	□	□	Hearing aid/loss
□	□	Allergies to food:	□	□	Heart Disease/Defect
□	□	Allergies to stings/bites:	□	□	Immunizations up-to-date
□	□	Allergies to other:	□	□	Major Surgery/Serious Illness
□	□	Special Diet:	□	□	Autism
□	□	Vision Problems:	□	□	Seizures/Epilepsy/Fainting Spells
□	□	Diabetes	□	□	Asthma
□	□	Shunts	□	□	Uses Wheelchair
□	□	Easy Bleeding	□	□	Communication Problems
□	□	Emotional/Behavioral Problems	□	□	Other:
□	□	Physical Limitations			

Date of most recent tetanus immunization: / /

Medications (please list):

_____ _____

Signature of Parent or Guardian Date

PHYSICAL EXAMINATION (Must be completed by a licensed medical professional)

Blood Pressure:			Weight:			Height:		BMI:
Normal	**Abnormal**		**Normal**	**Abnormal**		**Normal**	**Abnormal**	
□	□	Vision	□	□	Cardiovascular	□	□	Cranial Nerves
□	□	Hearing	□	□	Respiratory System	□	□	Coordination
□	□	Oral Cavity	□	□	Gastrointestinal	□	□	Reflexes
□	□	Neck	□	□	Genitourinary			
□	□	Extremities	□	□	Skin			

Other:

□ Yes □ No I have performed the above examination and certify that the patient may participate in Camp.

Examiner's Signature (required):

Date of Exam (required): / /

Examiner's Printed Name: Clinic Name:

Address: Phone:

*****"Go Kids" Kamp is going to be a very active camp, where kids will be participating in swimming, aerobics, rock climbing, yoga , dance, fitness runs and various exercise routines daily. The participant must be able to be actively involved in all of the activities.**